216005629 80503			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2															
2	Total Nu											HIT & RUN	١.	INVESTIGATION MADE AT SCENE?				
A/1	of Vehi		O76 Case No. B6-010037						YES (In Milit				X NO itary Time)	STATE US	YES		NO	1
01	OF ACCIDENT		S M T W TH F S TIME ()F	1655								
A/2						POLICE				1657								
	PLACE OF ACCIDENT	COUNTY	Lancaster							NOTIF	ED		02/04	02/04/2016				
в 30	ACCIDENT	CITY	Lincoln					PRIVATE PROPERT				TY? CATITUDE				_		
C		ON WHICH NT OCCURRED STREET/ HIGHWAY NO. 10th St/ O St						ONE-WAY YES NO STREET?										
1	DISTANCE MILEPO		FEET N S E W OF MILEPOST					HIGHWAY NO.					LONGITUE	DE				
D		IF AT INTERSECTION							IF NOT AT INTERSECTION						F PRIDOE DAIL DOAD ODOGONIO			
1	NAME OF INTERSECTING ROADWAY 10th St/ O St					○FE	EI C	MILES	N S	S E W OF NEAREST STREET				, BRIDGE, RAILROAD CROSSING				
V1/M 08	1011131	0 31	IF	ACCIDENT V	VAS OUTS	IDE CIT	Y LIMI	TS. INI	DICATE	DISTANC	E FF	ROM NEAR	REST TOWN					
V2/M	MILES		N S E	W AND MILES			N S		W OF	NEAREST Y OR TOW								
01	R. work	R1	R2 R3 R4	S DEDEC	TDIAN	S1	S2	S3	S4 S5	-a S5-b	S6-a	a S6-b	DOES ACCIE					
E	ZONE CODES	ZONE A CLASSIFICATION												TATE DEPT. OF ROADS' PROPERTY?				
1							VEH	HICLE	NO. 1				Y	E9 🔽) NO			-
F	DRIVER		NO. G09004	 4143									STATE (Of License	NE	SI		FEMALE	
2 V1/N	DRIVER	DRIVER						PHONE				(Of License	LOCAL N	0.		∠ MALE	-	
1	DRIVER ADDRI	TINA L TOPIL 4026016234 RIVER ADDRESS CITY, STATE, ZIP DATE OF 10.00241000										V1/1						
V2/N 1	OWNER PHONE LOCAL								(Y)	12/28/1969 DCAL NO.								
G G	TINA L	L TOPIL 4026016234 v										V1/2						
6	-	ADDRESS CITY, STATE, ZIP CITATION Y YES CITATION NO. LB493323								3		V1/3						
Н	LICENSE PLATE	ICENSE PA NO. TGI144									YEAR (Plate Expires) 2016				STATE (Of Plate) NE			1
4	VEHICLE	YEAR MAKE MODEL BODY STYLE COLOR									ESTIMATED TOTALE				V1/4			
V1/O 2	VEHICLE ID 4 CNITIVA C 70 4 14 7 5 20 0								υ Ψ			V1/5						
V2/O	NO. (VIN) TOWED TO	NO. (VIN) TGINFK 102243173390							State Farm POLICY NO.									
2							VEL	JICI E	NO. 2			094 8	3004-E14	·27A				V1/6 25
1	DRIVER		H12733	907			VEF	TICLE	NO. Z				STATE (Of License	NE NE	SI		FEMALE	
V1/P	DRIVER	DRIVER NO. T12/3300/							PHONE FOLL TOOL ADEC					LOCAL NO.			-	
1	CASEY		TRAN		CITY. S	STATE, ZII	P			531	1-73	9-4852	DATE OF					V2/1
V2/P	2521 N 46TH ST, LINCOLN, NE 68504							BIRTH (MM / DD / YY)		18 V2/2								
1 J	OWNER CASEY M BELTRAN 531.								9-4852		LOCAL N	LOCAL NO.						
01	OWNER ADDRESS CITY, STATE, ZIP 2521 N 46th St, Lincoln, NE							CITATION PENDIN				YES				V2/3		
V1/Q	LICENSE PLATE	PA ı	NO. TSM281								(Pl	YEAR ate Expires)	2016		STA (Of P	TE	NE	V2/4
4	VEHICLE	YEAR		MAKE	1	MODEL	_		BODY ST		,	COLOR		ESTIMATED	DAMAG	E /		V2/5
V2/Q 4	VEHICLE ID	ONIA	14133411 70134									INSURANC	NSURANCE COMPANY			TOTALED \$ 1000		
K	NO. (VIN)	3N2	1CN7AP9FL838786									State POLICY NO	Farm					
02									105 2	2068-C24	-27				25			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured) DATE OF BIRTH (MM / DD / YYYY) Seat Seat Seat Region Seven Seven										SEX								
VEH. # NAME ADDRESS																		
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS									_				1				
· = · · · · #																		
	LOCAL NO.		MEDICAL FACILITY	NAME				∟MS SE	RVICE NAI	/IE				EMS RU	N REP	ORT NO.		
VEH. #	NAME		1	AD	DRESS													
	LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.			

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS									
THE FOLLOWING	INFORMATION IS REQUIRED FOR INDICATE BY DIAGRAM WHAT HAPPE	AGENO	NCY CASE NO.						
		Во-	010037						
Indicate North									
by Arrow	59'3"								
	South o	Ft North of curb of O St West of East							
		of 10th St							
	<u>\$</u>								
49'6"		. 59'4"							
	ŷ								
	5								
	0.8	Street .							
	10th Street								
NOT TO SO	59'								
DESCRIPT D1 stated she was behind V2 turning eastbound on O	ION OF ACCIDENT BASED ON OFFICER'S INV								
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
NAME 98 SS	ADDRESS		PHONE						
NAME NAME	ADDRESS		PHONE						
VEHICLE MOVEMENT POINT OF IMPA BEFORE COLLISION MOST DAMAG		RESTRAINT USE VEHICLE 1	TOTAL VEH 1 1 VEH 2 1						
VEH N S E W ROAD OR (Enter numbers for	each vehicle)		ALCOHOL Driver Driver Pedes- TESTING No. 1 No. 2 trian						
1 X O St VEHICLE 1	VEHICLE 2	2	ALCOHOL Y Y Y						
2 X O St IMPACT 02	1 Deployed - Iront 2	None used - vehicle occupant Lap & shoulder belt used	TESTED N X N X N						
1 05 06 Turning left DAMAGED 02 O7 Making U-turn	AMAGED 06 3 Deployed - both front/side 4 Not deployed 5	Shoulder belt only used Lap belt only used Child safety seat used	BAC LEVEL Driver ALCOHOL/ Driver No. 1 No. 2						
2 05 08 Entering traffic lane 00 None 02	5 Not applicable/ No airbag available	Child booster seat used DOT approved helmet used Costume helmet used	DRUGS 1 No. 2 SUSPECTED 1 1						
01 Essentially 09 Leaving straight ahead straight alead traffic lane 10 Undercarriage 11 Undercarriage 11	7 VEHICLE 2	Restraint use unknown VEHICLE 2	1 Neither alcohol nor drugs suspected						
02 Backing 10 Parked 10 Undercarriage 01 11 Total (all areas) 04 Overtaking/ Passing 12 Other 12 Other 00 Undercarriage 01 11 Total (all areas) 08	09 - 06 -	-	2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown						
05 Turning right 13 Unknown OFFICER NO. TROOP/	DEPARTMENT	2							
1715 TEAM/ BEAT CE INVESTIGATOR NAME (Print or Type)	Lincoln Police Department INVESTIGATOR SIGNATURE	I	taken? NO						
Jessica Stake	Approved by Officer Jessica Stake	DATE OF 02/04/2016							